

**UNITED STATES DISTRICT COURT**

MIDDLE DISTRICT OF ALABAMA

OFFICE OF THE CLERK

POST OFFICE BOX 711

MONTGOMERY, ALABAMA 36101-0711

DEBRA P. HACKETT, CLERK

TELEPHONE (334) 954-3600

**NOTICE OF CORRECTION**

**From:** Clerk's Office

**Case Style:** Ohsann v. L.V. Stabler Hospital et al

**Case Number:** 2:07-cv-00875-WKW

Referenced Pleading - Exhibit A - **Doc. 52**

**This Notice of Correction was filed in the referenced case this date to correct the PDF documents attached to this notice. Please see the correct PDF documents to this notice.**

**EXHIBIT A**

**TO**

**FIFTH NOTICE OF**

**FILING OF CONSENTS**

**CONSENT TO BECOME A PARTY PLAINTIFF**

I, Shirley CANDIES, a current or former employee of L. V. Stabler Hospital. hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7/27/2008.

Shirley Candies  
Signature

Shirley CANDIES  
Print Name

108 Gander Drive  
Address (Required)

CAMDEN ALABAMA 36726  
City, State and Zip Code

(334) 682-4685 - 682 4131  
Day Phone no. – Include area code (Required)

Mobile Phone – include area code

(334) - 682-4685 or 682 4131  
Evening phone no. – Include area code (Required)

thelsamae@yahoo.com  
E-mail Address

**CONSENT TO BECOME A PARTY PLAINTIFF**

I, J. Dunklin, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7/24/08.

J. Dunklin  
Signature

Jo Dunklin  
Print Name

121 South Shipp St  
Address (Required)

Evergreen AL 36401  
City, State and Zip Code

(251) 578-3207  
Day Phone no. – Include area code (Required)

SAME AS DAY  
Evening phone no. – Include area code (Required)

(334) 412-9538  
Mobile Phone – include area code

\_\_\_\_\_  
E-mail Address

**CONSENT TO BECOME A PARTY PLAINTIFF**

CARESSA

I, CARESSA Hawthorne, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7-17-08.

Caressa Hawthorne  
Signature

CARESSA Mae Hawthorne  
Print Name

979 Blue Round Rd  
Address (Required)

Georgiana ab36033  
City, State and Zip Code

3343765511  
Day Phone no. – Include area code (Required)

\_\_\_\_\_  
Evening phone no. – Include area code (Required)

\_\_\_\_\_  
Mobile Phone – include area code

\_\_\_\_\_  
E-mail Address

**CONSENT TO BECOME A PARTY PLAINTIFF**

I, Helen M. Reeves, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7/27/08

Helen M. Reeves  
Signature

Helen M. Reeves  
Print Name

33109/esbgst  
Address (Required)

Greenville AL 36037  
City, State and Zip Code

334-3827782  
Day Phone no. – Include area code (Required)

\_\_\_\_\_  
Evening phone no. – Include area code (Required)

\_\_\_\_\_  
Mobile Phone – include area code

\_\_\_\_\_  
E-mail Address

**CONSENT TO BECOME A PARTY PLAINTIFF**

I, Raina Louise Rayster, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7/28/08.

Raina L. Rayster  
Signature

Raina Louise Rayster  
Print Name

9869 Cty Rd #7  
Address (Required)

Repton, AL 36475  
City, State and Zip Code

(251) 248-2611  
Day Phone no. - Include area code (Required)

(251) 248-2611  
Evening phone no. - Include area code (Required)

(251) 714-5516  
Mobile Phone - include area code

Raina Rayster@yahoo.com  
E-mail Address

**CONSENT TO BECOME A PARTY PLAINTIFF**

I, Sandi Spears, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 07-26-08

\*I am now Sandi Kersker  
I have gotten divorce & went  
back to maiden.  
Sandi Spears  
Signature

Sandi Spears  
Print Name

18822 Dunns Bridge Rd.  
Address (Required)

Andalusia, AL 36421  
City, State and Zip Code

334-343-4483  
Day Phone no. - Include area code (Required)

334-343-4483  
Evening phone no. - Include area code (Required)

334-343-4483  
Mobile Phone - include area code

\_\_\_\_\_  
E-mail Address